WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05500

Reg. Dist. No. 4

1. PLACE OF DEATH:

County: Allegany

City or town: Cumberland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Memorial Hospital

Stay in hospital or Inst. (yrs., or mos., or days): (Foetus)

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County:

City or town: Cumberland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
(see birth certificate)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Albright, Baby Boy — birth certificate filed under Hopier

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: (Foetus)

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 29, 1939

8. AGE: Years (Foetus) | Months | Days | If less than one day hrs. min.

9. Birthplace: Cumberland, Md
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Eugene Hoxier
13. Birthplace: West Virginia

MOTHER
14. Maiden name: June Albright
15. Birthplace: West Virginia

16. Informant: Memorial Hospital
Address: Cumberland, Md.

17. Cremated (Burial, cremation, or removal. Which?) Date thereof June 30 1939 (month) (day) (year)

Cemetery or crematory: Memorial Hosp.

Location: Cumberland, Md

18. Funeral director: Memorial Hosp.

Address: Cumberland, Md

19. June 30 1939 (Date rec'd by registrar) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 29 1939, at 7 40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 to — 19

and that I last saw h/m alive on June 29 1939

Immediate cause of death: Premature

Due to: abortion

Due to: auto accident?

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: None

DURATION: 4 Months

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: W P Hodges, Jr M.D.
M. D. or other

Address: Cumberland, Md Date signed 7/1/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

05601

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS A15

1. PLACE OF DEATH:

County Allegany

City or town Cumb. Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Allegany hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Allegany

City or town Cumb. Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Arbaugast - Twin #1

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1 1939

8. AGE: Years | Months | Days | If less than one day: 3 hrs. min.

9. Birthplace Cumb. Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Opha Arbaugast

13. Birthplace West Va.

MOTHER 14. Maiden name Catherine White

15. Birthplace West Va.

16. Informant Mrs Opha Arbaugast

Address Cumberland Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 1 39 (month) (day) (year)

Cemetery or crematory Elkins West Va.

Location Elkins West Va

18. Funeral director Louis Steinberg

Address Cumberland Md.

19 June 1, 39 (Date rec'd by registrar) J. T. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 19 39, at 6A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 19 39, to June 1 19 39, and that I last saw him alive on June 1 19 39

Immediate cause of death Premature Birth — DURATION 3 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Samuel Jacobson M.D.

M. D. or other

Address 119 Broadway — Date signed June 1, 1939

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WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

05602

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Allegany

City or town Cumberland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Allegany Hospital

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Allegany

City or town Cumberland Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Arborgast (Twin 2)

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1 1939

8. AGE: Years | Months | Days | If less than one day: 2 hrs. 25 min.

9. Birthplace Cumberland Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Opha Arborgast

FATHER 13. Birthplace West Va

MOTHER 14. Maiden name Catherine White

MOTHER 15. Birthplace West Va

16. Informant Mrs Opha Arborgast

Address Cumb. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 1 39 (month) (day) (year)

Cemetery or crematory Elkins West Va

Location Elkins West Va

18. Funeral director Louis Steinmetz

Address Cumb Md

19. June 1, 1939 (Date rec'd by registrar) J. L. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1939, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1939, to June 1 1939 and that I last saw him alive on June 1 1939

Immediate cause of death	DURATION
Premature Birth	3 hrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Russell Jarboe M.D. M. D. or Other

Address 119 Bedford St Date signed June 1, 39

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05603

STATE OF MARYLAND—CERTIFICATE OF DEATH

(159)

1. PLACE OF DEATH

County Allegany Registration Dist. No. 6

Village or City Westernport No. Reeves Clinic St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

WITHIN CORPORATE LIMITS

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant Bobo If U. S. Veteran, specify WAR

(a) Residence: No. ..... St., ... Ward. ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ✓

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, end year) June 27, 1939

7. AGE: Years | Months | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Hampshire W. Va. Mineral Co.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Pearl Bobo

16. BIRTHPLACE (city or town) (State or country) Near Piedmont W. Va.

17. INFORMANT (Address) Miss Pearl Bobo Keyser W. Va. Route 4 Box 22

18. BURIAL, CREMATION, OR REMOVAL Place Cross W. Va. Date June 29, 1939

19. UNDERTAKER (Address) D. S. Boal Barton, Md.

20. FILED June 29, 1939 A. Gazenbaker M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 28th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 6/24, 1939, to 6/28, 1939

I last saw ~~h~~ alive on 6/28/39, 19..., death is said to have occurred on the date stated above, at 1:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Premature Birth (6 mo)	6/26/39

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. O. Reeves M. D.

(Address) Westernport Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

W. Va

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 4

CERTIFICATE OF DEATH

05604

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland, Maryland.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 225 Fayette St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in this community (yrs., mos., or days) ____

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 225 Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Miss Elizabeth Bareis

3 (b) If veteran, name war: ____
3 (c) Social Security No.: ____

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: ____
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec 3 1902

8. AGE: Years 35 | Months 6 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace Md
(Town, county, and state)
10. Usual occupation Stenographer
11. Industry or business Retired

FATHER
12. Name Peter Bareis
13. Birthplace Md

MOTHER
14. Maiden Name Amelia Reichart
15. Birthplace Md

16 (a) Informant Miss Mary Bareis
(b) Address 225 Fayette St., City

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof June 15, 1939 (month) (day) (year)
(c) Cemetery or crematory St Peters & Pauls
Location Cumberland

18 (a) Funeral director J. L. Temperance
(b) Address Cumberland

19 (a) June 14 1939 (Date rec'd by registrar)
(b) H. Franklin, M. D. Registrar

MEDICAL CERTIFICATION

20. Date of death June 12, 1939, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21/39 19__, to 6/12/39 19__, and that I last saw her alive on 6/12/39 19__.

Immediate cause of death: Pulmonary tuberculosis. — Duration: Six mths
Due to (b) ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature ____ M. D. or other
Address 105 S. Centre Cumberland, Md. Date signed 6/14/39.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(11-a)

05605

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Allegany

City or town: Lonaconing (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Waterdiffe

Stay in hospital or inst. (yrs., or mos., or days): [illegible]

Stay in this community (yrs., or mos., or days): 7 Mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Allegany

City or town: Lonaconing Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Waterdiffe (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: [illegible]

3. (a) FULL NAME: Robert Dale Bell

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Child

6 (b) Name of husband or wife: [illegible]

6(c) If alive, give age: [illegible] years

7. Birth date of deceased (mo., day, yr.): Nov. 29 1939

8. AGE: Years: — Months: 7 Days: 29 If less than one day: ____ hrs. ____ min.

9. Birthplace: Lonaconing, Allegany, Md. (Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

FATHER

12. Name: Thomas J. Bell

13. Birthplace: Lonaconing Md.

MOTHER

14. Maiden name: Margaret Elkins

15. Birthplace: West Virginia

16. Informant: Thomas Bell

Address: Lonaconing, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 30 1939 (month) (day) (year)

Cemetery or crematory: Oak Hill Cemetery

Location: Lonaconing, Md.

18. Funeral director: M. Eichhorn

Address: Lonaconing Md.

19. June 29 39 (Date rec'd by registrar) Dr. E. Boyle Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 28 1939, at 11:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25th 1939, to June 28 1939, and that I last saw him alive on June 28 1939.

	OURATION
Immediate cause of death: Broncho Pneumonia	
Due to: Influenza	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Henry M. Hodyon M.D. M. D. or other

Address: Lonaconing Md. Date signed: June 29 '39

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JUL 5 1939
BUREAU V. S.

Outside of City limits

STATE OF MARYLAND—CERTIFICATE OF DEATH

05606

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Allegany — Registration Dist. No. 4

Village or City Cumberland — No. Bedford Rd R F D #3 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurrad ____ yrs. ____ mos. ____ ds. How long in U. S. if of foraign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Alma Ardella Benjamin — If U. S. Veteran, specify WAR ____

(a) Residence: No. Bedford Rd. R F D #3 St., Ward. ____

(Usual place of abode) — If nonresident give city or town and State ____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) May 14 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	61	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at Home

10. Date deceased last workad at this occupation (month and year) ____

11. Total time (yeers) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Palmer Benjamin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E Kelly

16. BIRTHPLACE (city or town) (Stete or country) Md.

17. INFORMANT Chas A. Benjamin (Address) Cumberland

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date June 16, 1939

19. UNDERTAKER Louis Stein Sons (Address) Cumberland

20. Filed June 16, 1939 J. P. Franklin, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 14 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attandad deceased from June 14, 1939, to June 14, 1939.

I last saw her alive on June 14, 1939; death is said to hava occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertension	1928?
Other Contributory Causes of Importance: Acute Cardiac Dilatation.	6/14/39

Nama of operation ____ Data of ____

What test confirmed diagnosis? Phys Exam. Was thare an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also tha following:

Accident, suicida, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ____

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) W. Royce Hodges M. D.

(Address) Cumberland, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED JUL 8 1929 BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159)

Reg. Dist. No. 9

05607

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Frostburg
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Miners Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in this community (yrs., mos., or days) "

2. HOME (USUAL RESIDENCE) OF DECEASED: HOME OF PARENT
(a) State Maryland (b) County Allegany
(c) City or town Frostburg (R. F. D. Route 1
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Donna Marie Booth

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Infant

6 (b) Name of husband or wife

6. (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) June 23 - 39

8. AGE: Years | Months | Days 5 | If less than one day ____hr. ____min.

9. Birthplace Frostburg Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name Agnes Booth

15. Birthplace Frostburg. Rd. 1

16 (a) Informant Mrs. Booth

(b) Address Eckhart Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Eckhart

Location Eckhart Md

18 (a) Funeral director Durst

(b) Address Frostburg

19 (a) 6 28 (Date rec'd by registrar) (b) 39 no. A. R. Walker Registrar

MEDICAL CERTIFICATION

20. Date of death June 27 1939, at 8 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/23 1939, to 6/27 1939, and that I last saw him alive on 6/27 1939.

Immediate cause of death	Duration
Respiratory Failure	
Due to	
Due to Prematurity	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no (Specify type of place) While at work? no
(e) Means of injury no

23. Signature John Kilday M. D.
M. D. or other
Address 56 W. Main St. Frostburg Date signed 6/28/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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JUL 5 19[illegible]
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 4

CERTIFICATE OF DEATH

05608

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 720 Lafayette Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Allegany
(c) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Lafayette Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Richard David Boswell

3 (b) If veteran, name war	3 (c) Social Security No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Elizabeth Porter
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 24 1865

8. AGE: Years	Months	Days	If less than one day
74	1	13	____ hr. ____ min.

9. Birthplace Moorefield W Va (Town, county, and state)
10. Usual occupation Retired Stove Repr
11. Industry or business

FATHER
12. Name John Boswell
13. Birthplace Hardy Co W Va

MOTHER
14. Maiden Name Annie Whitmell
15. Birthplace Hardy Co W Va

16 (a) Informant John Boswell
(b) Address Cumberland Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9-39 (month) (day) (year)
(c) Cemetery or crematory Queens Point
Location Keyser W Va

18 (a) Funeral director J. H. Markwood Son
(b) Address Keyser W Va

19 (a) June 8 1939 (Date rec'd by registrar) (b) J. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 7 1939 at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22/1939, to 4/7/1939, and that I last saw him alive on Jan 7 1939.

Immediate cause of death	Duration
Uremia. Cause.	
Due to Chronic Interstitial	
Due to Nephritis.	
Other conditions Mitral Regurg.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Matthews M. D. or other
Address 101 N Centre St Date signed 4/7/39

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JUL 8 1959
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97)

Reg. Dist. No. 9

CERTIFICATE OF DEATH

05609

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Frostburg (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 232 Center

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town Frostburg (If outside city or town limits, write RURAL and give town)

(d) Street No. 232 Center (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Hannah Brown

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race colored

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife John Brown

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20-1861

8. AGE: Years 78 | Months 0 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Border Shaft-Allegany-Md. (Town, county, and state)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name Benjamin Williams

13. Birthplace Md.

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant Mrs. Dora Gordon

(b) Address Frostburg, Md

17 (a) burial (Burial, cremation, or removal) (b) Date thereof June 11-1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Allegany

Location Frostburg

18 (a) Funeral director J. J. Hurst

(b) Address Frostburg

19 (a) 6-11-39 (Date rec'd by registrar) (b) Mrs. A. R. Hackle Registrar

MEDICAL CERTIFICATION

20. Date of death June 8 1939 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938, to June 10 1939 and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. C. Cohen, M. D. or other

Address Frostburg, Md. Date signed 6-10-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53-8)

05610

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegany

City or town Cumberland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Memorial Hospital

Stay in hospital or insf. (yrs., or mos., or days) 81 days

Stay in this community (yrs., or mos., or days) 15 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Allegany

City or town Cumberland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 241 Elder St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary E. Brown

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Robert Brown

6(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Jan 5 1898

8. AGE: Years 41 Months 5 Days 24 If less than one day ___ hrs. ___ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Seamstress

11. Industry or business N.P.A.

FATHER
12. Name Jos. Copeland
13. Birthplace Va.

MOTHER
14. Maiden name Nora Orndoff
15. Birthplace Va.

16. Informant Mrs Arthur Deter

Address Cumberland

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3 39 (month) (day) (year)

Cemetery or crematory St Patricks Cem.

Location Cumberland

18. Funeral director Lomö Stein Inc.

Address Cumberland

June 30 1939 J. P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/29/39 19__, at 8:30 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 21 1939, to June 29 1939 and that I last saw her alive on 6/29/39 19__

Immediate cause of death: Starvation

Due to Adenocarcinoma of Thyroid Gland

Due to

Other conditions Emaciation, acidosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations Biopsy done impression confirmed

Of autopsy Partial - Diag confirmed

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Richard J. Williams, M.D. M. D. or other

Address 34 Va. Ave., Cumberland, Md. Date signed 6/30/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 4

CERTIFICATE OF DEATH

05611

1. PLACE OF DEATH:
(a) County ALLEGANY
(b) City or town CUMBERLAND, MD.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State MARYLAND (b) County ALLEGANY
(c) City or town CUMBERLAND Oneyendale
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lutheran Retreat
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME MRS. ANNA M. BRUNER

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife JACOB BRUNER

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2, 1854

8. AGE: Years 84 | Months 10 | Days 22 | If less than one day _____ hr. _____ min.

9. Birthplace MARYLAND
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name ANDY RICE
13. Birthplace MARYLAND

MOTHER
14. Maiden Name REBECCA ELLIS
15. Birthplace MARYLAND

16 (a) Informant MEMORIAL HOSPITAL
(b) Address CUMBERLAND, MD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26 39 (month) (day) (year)
(c) Cemetery or crematory Cook's Cemetery
Location Alleg. County, Md.

18 (a) Funeral director Lewis Stein Inc.
(b) Address Cumberland, Md.

19 (a) June 26, 1939 (Date rec'd by registrar) Ft. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death JUNE 24, 1939 at 11:28 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1939, to JUNE 24 1939, and that I last saw him alive on JUNE 24, 1939.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Williams M. D. or other
Address Cumberland Date signed 6-27-39

DR. W. F. WILLIAMS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

RECEIVED
JUL 8 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (B2-a) Reg. Dist. No. 6

CERTIFICATE OF DEATH

05612

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Rawlings (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of atay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Allegany

(c) City or town Rawlings (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? yeara

3 (a) FULL NAME: Thomas Carr

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife: Maude Carr

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1855

8. AGE: Years 84 | Months 4 | Days 3 | If less than one day ____hr. ____min.

9. Birthplace Tucker County, W. Va. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Maude Carr

(b) Address Rawlings

17 (a) Waxler (Burial, cremation, or removal) (b) Date thereof June 19, 39 (month) (day) (year)

(c) Cemetery or crematory Waxler

Location Danville, Md.

18 (a) Funeral director Lulu F. Rogers

(b) Address Keyser, W. Va.

19 (a) June 18, 1939 (Date rec'd by registrar) (b) A. Baysmbaker M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death 6-16 1939, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1939, to June 16 1939, and that I last saw him alive on June 16 1939.

	Duration
Immediate cause of death Paralysis Throat	5 days
Due to Cerebral Hemorrhage	June 19.39
Due to Arteric Sclerosis	
Other conditions Chronic Cystitis and Prostatitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. G. Courrier M.D. M. D. or other

Address Keyser W. Va Date signed 6-17-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1999
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (117-E) Reg. Dist. No. 9

CERTIFICATE OF DEATH

05613

1. PLACE OF DEATH:

(a) County allegany

(b) City or town Frostburg (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 29 Mt Mission Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County allegany

(c) City or town Frostburg (If outside city or town limits, write RURAL and give town)

(d) Street No. 29 Mt Pleasant (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margret M Closterman

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Joseph Closterman

6. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Feb 3-1886

8. AGE: Years 50 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Hoffman Mines - alleg - md. (Town, county, and state)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name Martin Donohue

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Smith

15. Birthplace Md.

16 (a) Informant Joseph Closterman

(b) Address Frostburg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ St Michaels

Location Frostburg

18 (a) Funeral director J. J. Durst

(b) Address Frostburg

19 (a) 6-11-39 (Date rec'd by registrar) (b) Mrs. A. R. Walker Registrar

MEDICAL CERTIFICATION

20. Date of death JUNE 9 1939, at 11 08 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 8 1939, to JUNE 9 1939, and that I last saw ~~him~~ HER alive on JUNE 9 1939.

Immediate cause of death CARDIAC FAILURE

Due to

Due to CHRONIC MYOCARDITIS

Other conditions PERFORATION OF DUODENUM (Include pregnancy within 3 months of death)

Major findings:

Of operations NO

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged ststistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide NO

(b) Date of occurrence NO

(c) Where did injury occur? NO (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? NO (Specify type of place) While at work? NO

(e) Means of injury NO

23. Signature John Kilday, M.D. M. D. or other

Address 56 W. Main Street Frostburg, Maryland Date signed 6/10/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 [illegible]
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (93a)

05614

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Allegany

City or town Cumberland (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 222 Union St (5-1)

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Allegany

City or town Cumberland Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 222 Union st (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Connor

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16 1856

8. AGE: Years 83 | Months 4 | Days 29 | If less than one day hrs. min.

9. Birthplace Pittsburg Pa (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name John Connor

13. Birthplace U S A

MOTHER 14. Maiden name Eliza Kornhoff

15. Birthplace U S A

16. Informant Gilliams In Dearner

Address 222 Union St

17. Buried (Burial, cremation, or removal. Which?) Date thereof June 19 1939 (month) (day) (year)

Cemetery or crematory St Peter & Paul

Location Fayette St Cumberland Md

18. Funeral director Louis Stein Inc

Address 117 Frederick St Cumberland Md

19. June 19 1939 (Date rec'd by registrar) J. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15th 1939, at 8:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1939, to June 15 1939, and that I last saw h alive on June 15 1939.

Immediate cause of death	DURATION
Acute Myocarditis	1 mo.
Due to Chronic Arteriosclerosis	Several yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. A. Owens M D M. D. or other

Address Cumberland Md Date signed 6-16-39

RECEIVED
JUL 8 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (191)

Reg. Dist. No. 4

CERTIFICATE OF DEATH

05615

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
Allegany Hos 215 Decatur St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Allegany
(c) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 23 Thomas St
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Margaret L Cooney

3 (b) If veteran, name war /

3 (c) Social Security No. /

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 10 1867

8. AGE: Years 72 | Months 2 | Days 6 | If less than one day _____ hr. _____ min.

9. Birthplace Cumberland Md
(Town, county, and state)

10. Usual occupation Pants Maker

11. Industry or business at Home

FATHER
12. Name Edward Cooney
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary A Donell
15. Birthplace Ireland

16 (a) Informant Mary Kenk
(b) Address Vine ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 1939 (month) (day) (year)
(c) Cemetery or crematory St Patricks
Location Fend St Cumberland

18 (a) Funeral director James Stine Sons
(b) Address Cumberland Md

19 (a) June 19 1939 (Date rec'd by registrar) (b) J. T. Hawkins, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death June 17 1939, at _____ M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1939, to June 17 1939, and that I last saw him alive on June 17 1939.

	Duration
Immediate cause of death Uraemia Convulsions	3 days
Due to Chronic Nephritis	7 years
Due to Organic Heart Lesion	7 yrs
Other conditions Arterio Sclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature Thos. H. Brown
M. D. or other
Address Cumberland Md Date signed June 17-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131)

CERTIFICATE OF DEATH

05616

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Allegany
City or town: Cumberland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 420 Pine Place
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Allegany
City or town: Cumberland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 420 Pine Place
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Louisa C. Courthard

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
B (b) Name of husband or wife: Chas. Courthard
6 (c) If alive, give age: 67 years
7. Birth date of deceased (mo., day, yr.): Feb 13 1876
8. AGE: Years: 63 Months: 3 Days: 22 If less than one day: hrs. min.
9. Birthplace: Elkins, W. Va. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: at Home.
FATHER 12. Name: Andrew Fansler
13. Birthplace: W. Va.
MOTHER 14. Maiden name: Martha Courtney
15. Birthplace: W. Va.
16. Informant: Chas Courthard
Address: Cumberland
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 7 39 (month) (day) (year)
Cemetery or crematory: Rose Hill Cem.
Location: Cumberland
18. Funeral director: Louis Stein Inc.
Address: Cumberland
19. June 7 1939 (Date rec'd by registrar) J. F. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 5 1939, at 4:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8 1939, to June 5 1939, and that I last saw h[illegible] alive on June 2 1939.

Immediate cause of death	DURATION
Auricular Fibrillation (proper)	1 yr ?
Myocarditis with	
Due to Arteriosclerosis & anemia	1 yr ?
Chronic Nephritis	1 yr ?
Due to Varicose Ulcers both	1 yr ?
legs	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Samuel Jacobson M. D.
Address: 119 Bedford St. Date signed: 6/6/39

RECEIVED
JUL 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 9

(82P)

CERTIFICATE OF DEATH

05617

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Huffman Mines (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frostburg R.F.D.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Allegany

(c) City or town Frostburg (If outside city or town limits, write RURAL and give town)

(d) Street No. Huffman Mines (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alexander Croft

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Margret Croft

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26-1856

8. AGE: Years 83 Months 0 Days 17 If less than one day hr. min.

9. Birthplace Bedford, Pa. (Town, county, and state)

10. Usual occupation retired farmer

11. Industry or business

FATHER

12. Name Alexander Croft

13. Birthplace Pa.

MOTHER

14. Maiden Name Maria Penner

15. Birthplace Pa

16 (a) Informant Cecil Croft

(b) Address Frostburg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Zion

Location Frostburg

18 (a) Funeral director J. J. Durst

(b) Address Frostburg, Md.

19 (a) 6-14-39 (Date rec'd by registrar) (b) Mrs. A. R. Walker Registrar

MEDICAL CERTIFICATION

20. Date of death June 12 1939, at 9 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from ? 1937, to June 12 1939, and that I last saw him alive on June 11 1939.

Immediate cause of death Arteriosclerosis — Duration ? ? ?

Due to

Due to

Other conditions Cerebral Thrombosis Rt Hemiplegia (Include pregnancy within 3 months of death) — 2 Days

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W D McLane Jr. MD M. D. or other

Address Frostburg Md Date signed June 13 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 9

05618

CERTIFICATE OF DEATH

(82-b)

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH

(a) County Allegany County

(b) City or town Frostburg, Maryland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 4 Mt. Pleasant St.

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) Lifetime

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Allegany

(c) City or town Frostburg, Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. 4 Mt. Pleasant St. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Frank Herbert Crowe.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) ~~Single, married,~~ widowed, ~~or divorced.~~

6 (b) Name of husband or wife Fanny Chaney Crowe.

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 29, 1864

8. AGE: Years 75 | Months 3 | Days 21 | If less than one day ___ hr. ___ min.

9. Birthplace Borden Mines. Md. (Town, county, and state)

10. Usual occupation Retired Coal Miner.

11. Industry or business Coal Mines.

FATHER

12. Name George W. Crowe.

13. Birthplace Allegany Co., Md.

MOTHER

14. Maiden Name Lucinda Porter.

15. Birthplace Allegany Co., Md.

16 (a) Informant Miss Kathleen Crowe

(b) Address 4 Mt. Pleasant St., Frostburg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23, 1939 (month) (day) (year)

(c) Cemetery or crematory Allegany Cemetery.

Location Frostburg, Maryland.

18 (a) Funeral director Jacob Hafer

(b) Address Frostburg, Maryland.

19 (a) June 22-1939 (Date rec'd by registrar) (b) Mrs. A. R. Walker Per Mrs. J. C. Cobey Registrar

MEDICAL CERTIFICATION

20. Date of death June 20 1939, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1939, to June 20 1939, and that I last saw him alive on June 20 1939.

Immediate cause of death Cerebral embolism — Duration 3 days

Due to Anthracosis & glycosuria — 20 yrs & 3 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. C. Cobey M. D. or other

Address Frostburg, Md Date signed June 22-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 5 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-2)

CERTIFICATE OF DEATH

05619

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Allegany

City or town: Cumberland Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 466 Goethe Str

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Alle

City or town: Cumberland Md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 466 Goethe (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Jury Barabra Davis

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Gamble F. Davis

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 15 1871

8. AGE: Years: 68 Months: 5 Days: 2 If less than one day: hrs. min.

9. Birthplace: Penn Penn Wash Va (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Bedridden for years

FATHER 12. Name: Michial Larkins

FATHER 13. Birthplace: Ireland

MOTHER 14. Maiden name: Margaret Flora

MOTHER 15. Birthplace: U S A

16. Informant: Mrs Mary Harris

Address: 466 Goethe St

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 19 1939 (month) (day) (year)

Cemetery or crematory: Rose Hill Cem

Location: Cumberland, Md

18. Funeral director: Louis Stein Inc

Address: Cumberland Md

19. June 19 1939 (Date rec'd by Registrar) J. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 17 1939 at 12 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 1939 to June 17 1939 and that I last saw h[illegible] alive on June 16 1939

Immediate cause of death: Cerebral Hemorrhage — DURATION: 12 days

Due to:

Due to:

Other conditions: Arteriosclerosis — 5 yrs

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: R. N. Trevakis M.D. M. D. or other

Address: Cumberland Md Date signed: 6/17/39

RECEIVED
JUL 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 9

05620

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Frostburg (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Miners Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) Stillborn

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County

(c) City or town Stillbirth (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Dawson

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25 1939

8. AGE: Years | Months | Days | If less than one day Stillbirth hr. min.

9. Birthplace Frostburg (Town, county, and state)

10. Usual occupation Md

11. Industry or business

FATHER

12. Name William T Dawson

13. Birthplace Rawlings Md.

MOTHER

14. Maiden Name Dorothy Davies

15. Birthplace Frostburg Md

16 (a) Informant Dorothy Dawson

(b) Address E Main Frostburg Md

17 (a) (Burial, cremation, or removal) (b) Date thereof June 25 1939 (month) (day) (year)

(c) Cemetery or crematory Porters Cem.

Location Eckhardt, Md.

18 (a) Funeral director John Durst

(b) Address Frostburg

19 (a) June 25 1939 (Date rec'd by registrar) (b) Mrs. G. A. Walker per Mrs. J. Cobey. Registrar

MEDICAL CERTIFICATION

20. Date of death June 25 1939, at 6:07 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw him alive on Stillbirth 19 .

Immediate cause of death Death of Foetus in utero

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. D. McCane Jr. M.D. M. D. or other

Address Frostburg Md Date signed June 25 1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

05621

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m)

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegany

City or town Cumberland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 15 minutes

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Allegany

City or town La Vale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Braddock St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Walter M. Donaldson

3. (b) Social Security Number 705-09-8654

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Jean B. Patterson

6(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Oct. 12 1897

8. AGE:

Years	Months	Days	If less than one day
41	7	29	hrs. min.

9. Birthplace Cumberland Md
(Town, county, and state)

10. Usual occupation Clerk

11. Industry or business B & O R.R.

FATHER
12. Name John R. Donaldson
13. Birthplace Donaldson W.Va.

MOTHER
14. Maiden name Effie Mercer
15. Birthplace Fairmont W.Va.

16. Informant Mrs Jean B Donaldson
Address La Vale

17. ~~Removal~~ Burial
(Burial, cremation, or removal, Which?)
Date thereof June 13th 1939
(month) (day) (year)

Cemetery or crematory Hillcrest Cem

Location Cumberland Md

18. Funeral director Louis Stein Inc
Address Cumberland Md

19. June 13 1939 J. P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11th 1939, at 2 15 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__,
and that I last saw h____ alive on ____ 19__.

Immediate cause of death fractured skull — DURATION

Due to auto accident

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of June 11 1939

Where did injury occur? Cumberland (City or town) Allegany (County) Md (State)

Injured at home, farm, industry, public place (where?)

Means of injury auto accident Injured at work?

23. SIGNATURE Linne H. Corson, M.D.
M. D. or other

Address Cumberland, Md. Date signed 6-11-39

Deputy Medical Examiner
Allegany County.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 30 1969
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-0)

05622

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County: Allegany

City or town: Cumberland, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Allegany Hospital

Stay in hospital or inst. (yrs., or mos., or days): ?

Stay in this community (yrs., or mos., or days): ?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: West Va County: Mineral

City or town: Romney Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Seymour Dove

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) ~~Single~~, married, ~~widowed, or divorced~~: married

6 (b) ~~Name of husband or~~ wife: Annie Smith

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): June 23 1894

8. AGE: Years: 45 Months: 11 Days: 27 If less than one day: hrs. min.

9. Birthplace: Bergton Va
(Town, county, and state)

10. Usual occupation: Laborer.

11. Industry or business

FATHER
12. Name: Neil Dove
13. Birthplace: Va

MOTHER
14. Maiden name: Elizabeth Stultz
15. Birthplace: Va

16. Informant: H. G. McDonald
Address: Romney W Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 22, 39 (month) (day) (year)

Cemetery or crematory: Romany West Va.

Location: Romany West Va.

18. Funeral director: Louis Stein Inc.

Address: 117 Frederick St.

19. June 21 1939 (Date rec'd by registrar) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20th 1939, at 8 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Chronic Myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Pierce H. Conon, M.D.
M. D. or other

Address: Cumberland, Md. Date signed: 6-20-39

Deputy Medical Examiner - Allegany Co.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92-a)

Reg. Dist. No. 9

05623

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Frostburg (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frostburg Base Ball Park

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 66

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Allegany

(c) City or town Frostburg (If outside city or town limits, write RURAL and give town)

(d) Street No. 61 W. Main St (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Horace G Evans

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Cora Evans

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Nov - 30 1872

8. AGE: Years 66 Months 6 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace Frostburg (Town, county, and state)

10. Usual occupation Coal Operator

11. Industry or business Coal Mines

FATHER 12. Name Wm H. Evans

13. Birthplace Wales

MOTHER 14. Maiden Name Ruth Farrady

15. Birthplace Lonaconing Md

16 (a) Informant Cora Evans

(b) Address Frostburg

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (month) 27 (day) 39 (year)

(c) Cemetery or crematory Cemetery

Location Frostburg

18 (a) Funeral director J. J. Hurst

(b) Address Frostburg

19 (a) June 27-39 (Date rec'd by registrar) (b) Mrs A. R. Walker per Mrs J. C. Cobey Registrar

MEDICAL CERTIFICATION

20. Date of death June 24 1939 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 28 1939 to Jun 24 1939 and that I last saw him alive on Jun 24 1939.

Immediate cause of death Coronary Thrombosis

Due to Chronic Endocarditis. Duration: not stated. C.W.G.B.

Due to

Other conditions Arthritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J C Cobey M. D. or other

Address Frostburg Md Date signed 6-26-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1939
BUREAU V. S

05624

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH:

County Allegany

City or town Luke, Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cromwell St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Allegany

City or town Luke Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Cromwell St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alpheus Hayes Friend

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

8 (b) Name of husband or wife: Alice L. Friend

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) March 12, 1875

8. AGE: Years 64 | Months 3 | Days 1 | If less than one day ___ hrs. ___ min.

9. Birthplace Swanton, Md. Garrett Co. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Andrew G. Friend
13. Birthplace Sweden

MOTHER
14. Maiden name Mahalea Kemps
15. Birthplace Preston County

16. Informant William H. Friend

Address Luke, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/16/39 (month) (day) (year)

Cemetery or crematory George Cemetery

Location Swanton, Md.

18. Funeral director D. S. Boal

Address Barton, Md.

19. June 16 1939 (Date rec'd by registrar) A. Gaymbaker M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1939, at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Cerebral Haemorrhage

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. W. Reever, M.D. M. D. or other

Address Westinghouse Md. Date signed 6/14/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

05625

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(117-a)

Reg. Dist. No. 4

1. PLACE OF DEATH:

County ALLEGANY

City or town CUMBERLAND, MARYLAND
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: MEMORIAL HOSPITAL

Stay in hospital or inst. (yrs., or mos., or days) 10 weeks

Stay in this community (yrs., or mos., or days) 10 "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Allegany

City or town Oldtown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME DOC H. HARMAN, MR.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife VIOLA PIPER HARMAN

6(c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) MAY 25, 1895

8. AGE:

Years	Months	Days	If less than one day
44	0	17	hrs. min.

9. Birthplace WEST VIRGINIA (Town, county, and state)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name ABRAHAM HARMAN
13. Birthplace WEST VIRGINIA

MOTHER
14. Maiden name CAROLINE McDONALD
15. Birthplace WEST VIRGINIA

16. Informant MEMORIAL HOSPITAL

Address Cumberland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 14, 1939 (month) (day) (year)

Cemetery or crematory Greenmount Cemetery

Location Cumberland, Md.

18. Funeral director Jacob Hafer.

Address Cumberland, Md.

19. June 12 1939 (Date rec'd by registrar) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 11 1939, at 5:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19, 1939 19 , to June 11, 1939 and that I last saw him alive on June 9, 1939

Immediate cause of death Gastric Ulcer. 1925

Due to Onward

Due to

Other conditions Starvation

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A H Hawkins M. D. or other

Address Cumberland Date signed Md

D Hawkins

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (107a)

Reg. Dist. No. 4

05626

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany County

(b) City or town Cumberland, Maryland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 184 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town Cumberland, Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. Sylvan Retreat (If rural give location)

Former address unknown

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Horton

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Laura Gardner

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1861

8. AGE: Years 78 Months 0 Days 25 If less than one day hr. min.

9. Birthplace New York State (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER

12. Name James Horton

13. Birthplace New York

MOTHER

14. Maiden Name Elizabeth Cramer

15. Birthplace New York

16 (a) Informant Memorial Hospital

(b) Address Cumberland, Maryland

17 (a) removal (Burial, cremation, or removal) (b) Date thereof June 14/39 (month) (day) (year)

(c) Cemetery or crematory

Location Liberty N.Y.

18 (a) Funeral director J. H. Marnwood Sons

(b) Address Keyser W. Va.

19 (a) June 15, 1939 (Date rec'd by registrar) (b) Joseph P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death June 14, 1939, at 5:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12-1939, to 6-14-1939 and that I last saw him alive on 6-14-1939.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 6-7-39

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. F. Williams M. D. or other

Address Cumberland Date signed 6-15-39

DR. W.F. WILLIAMS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

05627

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (97)

County ALLEGANY Registration Dist. No. 4

Village or City CUMBERLAND, MD. MEMORIAL HOSPITAL No. St., 6-6 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MR. JESSE A. HORTON If U. S. Veteran, specify WAR .....

(a) Residence: No. EVERETT, PA. St., ... Ward .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ETTA SPARKS

6. DATE OF BIRTH (month, day, and year) JUNE 13, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. MERCHANT

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) PENNSYLVANIA (State or country)

FATHER

13. NAME [redacted] HORTON

14. BIRTHPLACE (city or town) PENNSYLVANIA (State or country)

MOTHER

15. MAIDEN NAME Elvira E. Keith

16. BIRTHPLACE (city or town) Penna (State or country)

17. INFORMANT ROBERT HORTON (Address) EVERETT, PA.

18. BURIAL, CREMATION, OR REMOVAL Place Everett, Pa. Date June 28, 1939

19. UNDERTAKER Stanley L. Runnels (Address) Everett, Pa.

20. FILED June 27, 1939 J. Franklin, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH JUNE 25, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 6-21, 1939, to 6-25, 1939

I last saw him alive on 6-25, 1939; death is said to have occurred on the date stated above, at 9:35 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
(Duration)	

Other Contributory Causes of Importance:

Name of operation None Date of .....

What test confirmed diagnosis? Ky 24 Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm. F. Williams M. D.

(Address) Cumberland, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

DR. W. F. WILLIAMS

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 8 1935
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(95-E)

05628

Reg. Dist. No. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Allegany

City or town: Westernport, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 311 Rock

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 84 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Allegany

City or town: Westernport Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 311 Rock
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Ella Agnes Howard

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: William H. Howard

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): July 8, 1854

8. AGE: Years: 84 Months: 10 Days: 26 If less than one day: ____ hrs. ____ min.

9. Birthplace: Ocklart Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Housework

FATHER
12. Name: John F. Brennan
13. Birthplace: Ireland.

MOTHER
14. Maiden name: not known
15. Birthplace: " "

16. Informant: James H. Howard
Address: Westernport, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 6 1939 (month) (day) (year)

Cemetery or crematory: Philos Cemetery

Location: Westernport, Md.

18. Funeral director: D. D. Beal

Address: Barton Md.

19. June 5 1939 (Date rec'd by registrar) A Gaynebaker M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 4th, 1939, at 5:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29 1939, to June 4 1939, and that I last saw her alive on June 4 1939

Immediate cause of death	DURATION
Arteriosclerotic Cardio-Renal disease	1939
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: P E Berry M. D. or other

Address: Piedmont W Va Date signed: 6/5/39

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JUL 5 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 40

05629

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Rural Mt. Savage Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Called Sunnyside

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town Rural Mt. Savage Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Called Sunnyside
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME David Huff

3 (b) If veteran, name war No.

3 (c) Social Security No. 220- 10-2341

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife None

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1883.

8. AGE: Years 56 | Months 4 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Elbinsville, Penna.
(Town, county, and state)

10. Usual occupation W. P. A.

11. Industry or business Laborer

FATHER
12. Name Andrew J. Huff
13. Birthplace Penna.

MOTHER
14. Maiden Name Julia Perdew
15. Birthplace Penna.

16 (a) Informant Isaac Huff
(b) Address Mt. Savage Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Hope Cem.
Location Near Artemus Penna.

18 (a) Funeral director J. C. Wolford
(b) Address Cumberland, Md.

19 (a) June 17, 1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION approximately

20. Date of death June 15, 1939, at 3 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Hypertyroidism
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] H. [illegible] M. D. or other

Address Cumberland, Date signed 6-16-39

- Dep. Medical Examiner -

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 3 1989
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 4

05630

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 1016 Ella ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Infant Jones

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23/39

8. AGE: Years Months Days If less than one day hr. min.

9. Birthplace Cumberland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Shannon L. Jones
13. Birthplace McKeesport Pa

MOTHER
14. Maiden Name Margaret Robinson
15. Birthplace Romney W Va

16 (a) Informant Shannon L. Jones
(b) Address 1016 Ella ave City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24/39 (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cemetery
Location Cumberland Md

18 (a) Funeral director W. H. Kight
(b) Address Cumberland Md

19 (a) June 24, 1939 (Date rec'd by registrar) (b) J. P. Franklin, M. D. Registrar

MEDICAL CERTIFICATION

20. Date of death June 23 1939, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1939, to June 23 1939, and that I last saw him alive on June 23 1939.

Immediate cause of death Still born

Due to premature birth

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. S. Bowen M. D. or other

Address 33 Va ave Date signed 6/23/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 4

05631

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 306 S Allegany St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Allegany

(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(d) Street No. 306 S. Allegany (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Phoebe Ann Kirby

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Wm Kirby

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mar 19-1865

8. AGE: Years 74 Months 2 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace Pittsburgh, Pa. (Town, county, and state)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name Fredrick Johnson

13. Birthplace Pittsburgh Pa

MOTHER 14. Maiden Name Elizabeth Allen

15. Birthplace England

16 (a) Informant Mrs Henry Price

(b) Address Cumberland, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-39 (month) (day) (year)

(c) Cemetery or ~~cemetery~~ Allegany

Location Frostburg

18 (a) Funeral director J. J. Durst

(b) Address Frostburg, Md.

19 (a) June 10, 1939 (Date rec'd by registrar) (b) J. P. Franklin, M. D. Registrar

MEDICAL CERTIFICATION

20. Date of death June 9, 1939, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 16, 1935, to May 25, 1939, and that I last saw him alive on May 25, 1939.

Immediate cause of death Myocarditis — Duration 1935

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide no

(b) Date of occurrence —

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury —

23. Signature D. G. Grove, M. D. M. D. or other

Address Medical Bldg Cumberland

Date signed 6/10/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU OF V. S.

05632

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93C)

County Allegany Registration Dist. No. 6

Village or City Westernport No. Reeves Clinic St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

WITHIN CORPORATE LIMITS OF

Length of residance in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nellie Davis Kyle If U. S. Veteran, specify WAR .....

(a) Residence: No. Hampshire, W. Va. St., ... Ward. ..... ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph P. Kyle

6. DATE OF BIRTH (month, day, and year) Sept 12, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House-wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) June, 1939

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Crown Hill W. Va.

FATHER

13. NAME John R. Davis

14. BIRTHPLACE (city or town) (State or country) England B. C.

MOTHER

15. MAIDEN NAME Hannah Holmes

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Joseph P. Kyle

18. BURIAL, CREMATION, OR REMOVAL

Place Poca, W. Va. Date July 3, 1939

19. UNDERTAKER (Address) D. S. Bright Burton, Md.

20. FILED July 1, 1939 [signature] M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 30th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at 8.45 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage - Apoplexy -

Date of onset

Other Contributory Causes of Importance:

Chronic Myocarditis -

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

Deputy Medical Examiner Allega

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Lenne H. Corson M. D.

(Address) Cumberland, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (77)

Reg. Dist. No. 4

05633

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Allegany Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Allegany
(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(d) Street No. 324 No. Centre St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Mary Ellen Larkin

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 28 1855

8. AGE: Years 83 | Months 9 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Paw Paw W. Va. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER
12. Name Michael Larkin
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Flora
15. Birthplace W. Va.

16 (a) Informant Thomas Larkin
(b) Address Paw Paw, W. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 '39 (month) (day) (year)
(c) Cemetery or crematory Camp Hill Cem.
Location Paw Paw W. Va.

18 (a) Funeral director Louis Stone Jr.
(b) Address Cumberland Md

19 (a) June 24, 1939 (Date rec'd by registrar) (b) J. T. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death 6-19-39 19____, at 5 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1-37 19____, to 6-19-39, and that I last saw him alive on 6-19-39.

Immediate cause of death	Duration
Generalized Arteriosclerosis	2 yrs
Due to Senility	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: —
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. Franklin M. D. or other
Address Cumberland Md Date signed 6-19-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 8 1959
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CVD (50)

05634

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegany

City or town Cumberland (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State W. Va. County Mineral

City or town Patterson Creek Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Annie Elizabeth Lechliter

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Walter Lechliter

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.): Oct. 30, 1894

8. AGE: Years 44 | Months 7 | Days 15 | If less than one day ___ hrs. ___ min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business: At Home

FATHER 12. Name: Joseph Simpson

13. Birthplace: Germany

MOTHER 14. Maiden name: Cecelia

15. Birthplace: Germany

16. Informant: Walter Lechliter

Address: Patterson's Creek W. Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 18, 1939 (month) (day) (year)

Cemetery or crematory: Lechliter & Monnett Cem

Location: Fort Ashby Road W. Va.

18. Funeral director: Jacob Hofer

Address: Cumberland

19. June 17 1939 (Date rec'd by registrar) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 15 1939, at 4:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 1938, to June 15 1939, and that I last saw her alive on June 15 1939.

Immediate cause of death: Carcinomatosis

Due to: Breast thigh & c

Due to: multiple metastatic

Other conditions: Masses throughout body (Adeno carcinoma)

(Include pregnancy within 3 months of death)

Major findings: Adeno Carcinoma Breast

Of operations: c metastasis

Of autopsy: none

DURATION: about 18 months

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: L. M. Wilson M.D. M. D. or other

Address: Cumberland Md Date signed 6-16-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Franklin

RECEIVED
JUL 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 4

CERTIFICATE OF DEATH

05635

1. PLACE OF DEATH:

(a) County ALLEGANY

(b) City or town CUMBERLAND, MD. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: MEMORIAL HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State MD. (b) County GARRETT

(c) City or town KITZMILLER (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MR. CHARLES LEE

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 31, 1871

8. AGE: Years 67 Months 7 Days 21 If less than one day hr. min.

9. Birthplace MARYLAND (Town, county, and state)

10. Usual occupation PENSIONED

11. Industry or business

FATHER 12. Name Abraham Lee

FATHER 13. Birthplace Altamont Md

MOTHER 14. Maiden Name Susan Kemp

MOTHER 15. Birthplace Garrett County

16 (a) Informant GARRET CO. COMMISSIONERS

16 (b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1939 (month) (day) (year)

17 (c) Cemetery or crematory Swanton Cemetery

Location Swanton, Md

18 (a) Funeral director O. F. Shaplen

18 (b) Address Blaney, W Va

19 (a) June 23 1939 (Date rec'd by registrar) (b) J. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death JUNE 22 19 39 at 3:55A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15, 1939, to June 22, 1939 and that I last saw him alive on June 21, 1939

Immediate cause of death	Duration
Pernicious Anaemia	1939
Chronic Nephritis	1939
Due to	
Due to Uraemia	Apr. 1938.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas. E. Durrett M.D. or other

Address Cumberland, Md Date signed June 27, 1939

DR. DURRETT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

05636

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

1. PLACE OF DEATH:
County: ALLEGANY
City or town: CUMBERLAND, MD.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: MEMORIAL HOSPITAL
Stay in hospital or inst. (yrs., or mos., or days): 11 Days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MARYLAND County: ALLEGANY
City or town: CUMBERLAND, MD. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 128 SEYMOUR ST., CITY
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: MRS. PHOEBE LEHMAN

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife: HARRY LEHMAN
6(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): OCT. 12, 1877

8. AGE: Years: 61 | Months: 7 | Days: 28 | If less than one day: ____ hrs. ____ min.

9. Birthplace: PENNA. Rockwood (Town, county, and state)

10. Usual occupation: HOUSEWIFE

11. Industry or business: At Home

FATHER — 12. Name: AUSTIN CRITCHFIELD
13. Birthplace: PENNA. Rockwood

MOTHER — 14. Maiden name: SARAH E. PUTNAM
15. Birthplace: PENNA. Rockwood

16. Informant: MRS. DALE ROMESBERG
Address: 128 SEYMOUR ST. CITY

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 12, 1939 (month) (day) (year)
Cemetery or crematory: I.O.O.F. Cem.
Location: Rockwood, Pa.

18. Funeral director: Jacob Draper
Address: Cumberland

19. June 12 19 39 (Date rec'd by registrar) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: JUNE 10, 1939, at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 8 1937, to June 10 1939, and that I last saw her alive on JUNE 10 1939

Immediate cause of death	DURATION
Cerebral Arteriosclerosis	1934
Due to Hypertension	1934
Due to Chronic Nephritis	7
Other conditions Diabetes Mellitus	Jan 1939

(Include pregnancy within 3 months of death)

Major findings:
Dt operations: —
Dt autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: L. D. Lanich, M. D. or other
Address: Cumberland Md. Date signed 6-10-39

DR. LANICH

RECEIVED
JUL 8 1939

WITHIN CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

05637

(159)

1. PLACE OF DEATH

County Allegany Registration Dist. No. 4

Village or City Cumberland No. Allegany Hospital St., 4-1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby Boy Lewis If U.S. Veteran specify WAR ____

(a) Residence: No. LeVale St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) June 22, 1939.

7. AGE Years	Months	Days	If LESS than 1 day, 9 hrs. or 11 min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Cumberlamd (State or country)

FATHER

13. NAME Joseph Lewis

14. BIRTHPLACE (city or town) Cumberland (State or country) Md.

MOTHER

15. MAIDEN NAME Mary A. Keenan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Joseph Lewis (Address) Cumberland Gen. Delivery

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Nebow Cem. Near Deer Park Date June 23, 1939

19. UNDERTAKER J. C. Wolford (Address) Cumberland, Md.

20. FILED June 23, 1939 J. P. Franklin, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 22 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1939, to June 22, 1939

I last saw him alive on June 22, 1939, death is said to have occurred on the date stated above, at 5:26 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Prematurity

Date of onset

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) B. M. Schindler M. D.

(Address) 41 Greene St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(46-6)

05638 9

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH.

County: Allegany

City or town: Frostburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 98 W. Lord Street

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): None years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Allegany

City or town: Frostburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 98 W. Lord Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Thomas Love

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife: Agnes Evans

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): Aug 18, 1870

8. AGE: Years: 68 | Months: 7 | Days: 26 | If less than one day: hrs. min.

9. Birthplace: Lonaconing Allegany Co. Md.
(town, county, and state)

10. Usual occupation: (Butcher (Retired))

11. Industry or business: Meat Market

FATHER
12. Name: James Love
13. Birthplace: Scotland

MOTHER
14. Maiden name: Margaret Turnbull
15. Birthplace: Scotland

16. Informant: Jesse Jacobs
Address: Frostburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 18 1939 (month) (day) (year)

Cemetery or crematory: Oak Hill Cemetery

Location: Lonaconing, Md.

18. Funeral director: Wm. Eichhorn

Address: Lonaconing, Md.

19. 6-17 1939 Mrs. A. R. Walker
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16 1939, at 2:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1939, to June 16 1939, and that I last saw him alive on June 15 1939.

	DURATION
Immediate cause of death: Malignancy of Liver	2
Due to: Secondary Carcinoma	1
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur?
(City or town) (County) (State)

injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wm. Lane Jr. M.D.
M. D. or other

Address: Frostburg Md. Date signed: June 16 1939

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WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

CERTIFICATE OF DEATH

05639

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Allegany
City or town Cumberland.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 524 Cumberland St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 60 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Allegany
City or town Cumberland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 524 Cumberland St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John G Lynn III

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ruth Gilchrist

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) April 3 1870

8. AGE: Years 69 | Months 2 | Days 17 | If less than one day ____ hrs. ____ min.

9. Birthplace Millerstown, West Va.
(Town, county, and state)

10. Usual occupation President Kenemey Co.

11. Industry or business

FATHER
12. Name John Lynn.
13. Birthplace Cumb., Md.

MOTHER
14. Maiden name Clara Minor
15. Birthplace Virginia

16. Informant Mrs Ruth Lynn III
Address Cumberland Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 22.39 (month) (day) (year)

Cemetery or crematory Rose Hill Cem.
Location Cumberland Md.

18. Funeral director Louis Stein Inc.
Address Cumberland, Md.

19. June 22 1939 (Date rec'd by registrar) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6—20—1939, at 6:25 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5.8. 1939 to 6.20. 1939 and that I last saw h- alive on 6.20. 1939.

Immediate cause of death Coronary Thrombosis 5.8.39 to death
Due to
Due to Second attack (fatal) 5.55 P.M. on 6/20/39
Other conditions
(Include pregnancy within 3 months of death)

DURATION

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John F. Williams M. D, or other
Address Cumberland Md Date signed 6-21-39.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

05640

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH:

County: Allegany

City or town: Lonaconing (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: East Main

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Allegany

City or town: Lonaconing Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: East Main Street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Jennie E. R. Lyons

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Jabez Lyons

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Aug. 14, 1853.

8. AGE: Years 85 Months 10 Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace: Barton, Allgany Co., Maryland (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Home

FATHER

12. Name: John Ross

13. Birthplace: Barton, Md

MOTHER

14. Maiden name: Jennie Michaels

15. Birthplace: Maryland

18. Informant: Mr. William Lyons

Address: Shaft, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 26, 1939 (month) (day) (year)

Cemetery or crematory: Oak Hill Cemetery

Location: Lonaconing, Md

18. Funeral director: M. Eichhorn

Address: Lonaconing, Md.

19. June 24 1939 (Date rec'd by registrar) Dr. E. Don Tylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23 1939, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death: Carcinoma of Breast

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: About 3 years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE: Henry M. Hodgson M.D. (M. D. or other)

Address: Lonaconing, Md Date signed: Jun 24 '39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05641

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Allegany
City or town: near Cumberland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Fort Savage Rd.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Allegany
City or town: Rural Cumberland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Fort Savage Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Elizabeth Bradore

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

B (b) Name of husband or wife: Chas. Denton Bradore
6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Dec 12, 1850

8. AGE:

Years	Months	Days	If less than one day
88	6	11	hrs. min.

9. Birthplace: Ireland
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business:
FATHER 12. Name: James Cassidy
13. Birthplace: Ireland
MOTHER 14. Maiden name: Jane O Anderson
15. Birthplace: Ireland
16. Informant: James E. Bradore
Address: Washington D. C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 26 '39 (month) (day) (year)
Cemetery or crematory: Rose Hill Cem.
Location: Cumberland
18. Funeral director: Louis Stein Inc.
Address: Cumberland
19. June 26, 39 (Date rec'd by registrar) J. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23rd. 1939, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1939, to June 23rd 39, and that I last saw h alive on June 5th. 1939.

Immediate cause of death: Senility
Myocardial Degeneration — DURATION

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: W. Alfred Van Ness M.D.
M. D. or other
Address: Cumberland, Md. Date signed 6-25-39

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JUL 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (1942)

Reg. Dist. No. 4

CERTIFICATE OF DEATH

05642

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 420 Walnut St

(d) Length of stay in hospital or inst. (yrs., mos., or days) ____

(e) Length of stay in this community (yrs., mos., or days) ?

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(d) Street No. 420 Walnut St (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Charles H. Mathews

3 (b) If veteran, name war ____

3 (c) Social Security No. ____

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: married

6 (b) Name of ~~husband~~ or wife: Mary A. Mathews

6. (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Feb 2 1871

8. **AGE:** Years 68 | Months 4 | Days 16 | If less than one day ? hr. ? min.

9. Birthplace Cumberland Md (Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Grocery store

FATHER 12. Name James Mathews

FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name ?

MOTHER 15. Birthplace ?

16 (a) Informant Rosa B. Mathews

16 (b) Address Cumberland Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 1939 (month) (day) (year)

17 (c) Cemetery or crematory St. Peters & Pauls

Location Cumberland Md.

18 (a) Funeral director Louis Steyer Son

18 (b) Address 112 Frederick St

19 (a) June 21, 1939 (Date rec'd by registrar) J. O. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death June 20 1939, at 8:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1939, to June 20 1939, and that I last saw him alive on June 20 1939.

Immediate cause of death	Duration
Coronary Thrombosis	1 Day
Due to Coronary Thrombosis	1 Day
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. **Signature** Thos. H. Kane M. D. or other

Address Cumberland Md Date signed June 20-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 8 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-B)

Reg. Dist. No. 4

CERTIFICATE OF DEATH

05644

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Allegany County

(b) City or town Cumberland, Maryland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days

(e) Length of stay in this community (yrs., mos., or days) _____

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(d) Street No. 537 Fort Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** William McGraw

3 (b) If veteran, name war _____

3 (c) Social Security No. 217-10-1994

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Dashney

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) April 19, ~~1886~~ 1876

8. AGE: Years	Months	Days	If less than one day
~~55~~ 63	2	5	_____ hr. _____ min.

9. Birthplace Penna. (Town, county, and state)

10. Usual occupation Washing dishes

11. Industry or business Hotel

FATHER 12. Name John McGraw

13. Birthplace Ireland

MOTHER 14. Maiden Name ~~Brigid~~ BRIDGET TORPE

15. Birthplace Ireland

16 (a) Informant Memorial Hospital

(b) Address Cumberland, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 1939 (month) (day) (year)

(c) Cemetery or crematory MT PLEASANT

Location BALTIMORE Pike, Town City

18 (a) Funeral director V. L. LEMPEREUR.

(b) Address CUMBERLAND, MD.

19 (a) June 26 1939 (Date rec'd by registrar) (b) J. Franklin, M. D. Registrar

MEDICAL CERTIFICATION

20. Date of death June 24, 1939 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1939, to June 24 1939, and that I last saw him alive on June 24 1939

Immediate cause of death	Duration
Carcinoma of Stomach	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature J. E. Enfield M. D. or other

Address Cumberland Date signed June 26-39

Dr. Enfield

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(123)

05643

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH:

County Allegany

City or town Luke, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Fairview St Extended

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Allegany

City or town Luke, Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Fairview St. Extended

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME John Joseph McGreevy

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Feb. 22 1933

8. AGE: Years 6 Months 3 Days 11 If less than one day hrs. min.

9. Birthplace Luke Allegany, Md. (Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER 12. Name Francis X. McGreevy

13. Birthplace Moscow, Md.

MOTHER 14. Maiden name Mary C. Garmley

15. Birthplace Luke Md.

16. Informant Francis X McGreevy

Address Luke Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 24, 1939 (month) (day) (year)

Cemetery or crematory St. Peter's Cemetery

Location Westernport, Md.

18. Funeral director D. S. Boal

Address Barton, Md.

19. June 23 1939 (Date rec'd by registrar) A. Gaynbaker M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21st 1939, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death accidental Drowning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, ~~suicide~~, or ~~homicide~~ Drowning Date of 6-21-39

Where did injury occur? Potomac River (City or town) Allegany (County) Md (State)

Injured at home, farm, industry, public place (where?)

Means of injury Drowning Injured at work?

23. SIGNATURE Linne H. Corson, M.D. M. D. or other

Address Cumberland, Md. Date signed 6-21-39

Deputy Medical Examiner - Allegany Co.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 4

CERTIFICATE OF DEATH

05645

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Allegany Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Allegany
(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(d) Street No. R. F. D. 5 (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** William McKenzie

3 (b) If veteran, name war: World War
3 (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Elizabeth Grabenstein
6 (c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): Sept. 19 1895

8. **AGE:** Years: 43 | Months: 9 | Days: 5 | If less than one day: ____ hr. ____ min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Barber
11. Industry or business: Barber Shop

FATHER
12. Name: Leo McKenzie
13. Birthplace: Dorton, Md

MOTHER
14. Maiden Name: Nora Coleman
15. Birthplace: Frostburg, Md

16 (a) Informant: Leo McKenzie
(b) Address: Gilmore, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25, 1939 (month) (day) (year)
(c) Cemetery or crematory: Bellevedere Cem-
Location: Midland, Md

18 (a) Funeral director: M. Eichhorn
(b) Address: Frostburg, Md

19 (a) June 26 1939 (Date rec'd by registrar) (b) J. T. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death June 24 1939, at 11 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1939 to June 25 1939, and that I last saw him alive on June 25 1939.

Immediate cause of death	Duration
Hemiplegia, right side	2 hrs
Due to Arteriosclerosis	6 years
Due to Cerebral Hemorrhage, cause of. Duration - 24 hours.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James J. Johnson Jr. M. D. or other
Address Cumberland Md Date signed 6-25-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 10

CERTIFICATE OF DEATH

(131)

05646

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Barrelville

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 25

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Allegany

(c) City or town Mt Savage Rural

(If outside city or town limits, write RURAL and give town)

(d) Street No. Barrelville

(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mary Magdalene Means

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sheridan Means

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 20 1876

8. AGE: Years 62 Months 11 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Keystone Somerset Co Pa

(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER

12. Name Philip Myers

13. Birthplace Baltimore Md

MOTHER

14. Maiden Name Emily E Crick

15. Birthplace Wellersburg Pa.

16 (a) Informant Sheridan Means

(b) Address Mt Savage Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1939 (month) (day) (year)

(c) Cemetery or crematory Cooks Cemetery

Location Wellersburg Pa

18 (a) Funeral director Eichhorn Funeral Service

(b) Address Lonaconing Md

19 (a) June 7 39 (Date rec'd by registrar) (b) H. J. Bostetter M D Local Registrar

MEDICAL CERTIFICATION

20. Date of death June 6 1939, at 8:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1939, to June 6 1939 and that I last saw him alive on June 6 1939.

Immediate cause of death Hypostatic Pneumonia — Duration 3 days

Due to Endocarditis Decompensation

Due to Chronic Nephritis

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. J. Bostetter M D (M. D. or other)

Address Mt Savage Md Date signed 6/7-39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(M)

(T)

RECEIVED
JUL 3 1939
BUREAU V, S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 4

05647

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County ALLEGANY

(b) City or town CUMBERLAND, MD.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: MEMORIAL HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State MD. (b) County ALLEGANY

(c) City or town CUMBERLAND, MD
(If outside city or town limits, write RURAL and give town)

(d) Street No. 106 S. ALLEGANY ST.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS. MARY MESSMAN

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife WYANT C. MESSMAN

6. (c) If alive, give age DECEASED years

7. Birth date of deceased (mo., day, yr.) MARCH 28 1869

8. AGE: Years 70 Months 2 Days 27 If less than one day hr. min.

9. Birthplace MARYLAND
(Town, county, and state)

10. Usual occupation HOUSEWORK

11. Industry or business

FATHER
12. Name JOHN S. SELL
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARY HAUSER
15. Birthplace GERMANY

16 (a) Informant WYANT C. MESSMAN
(b) Address CUMBERLAND, MD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 39 (month) (day) (year)
(c) Cemetery or crematory St Peter and Paul
Location Cumberland, Md.

18 (a) Funeral director Louis Stein Inc.
(b) Address Cumberland, Md.

19 (a) June 27, 1939 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death JUNE 25, 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939, to June 25 1939, and that I last saw him alive on June 24 1939.

Immediate cause of death Uraemia — Duration 1 week

Due to Blockage of Kidneys — 10 days

Due to Chronic Nephritis — 2 years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. Allan G. Murray Md. M. D. or other

Address 41 Emmet Cd Cumberland Md Date signed June 26 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DR. MURRAY

RECEIVED
JUL 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(167)

05648

Reg. Dist. No. 5

1. PLACE OF DEATH:
County Allegany
City or town Cresaptown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Allegany
City or town Cresaptown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dorsey Lee Mick

3. (b) Social Security Number 217-10-5844

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Fanny Belle Mick
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1907

8. AGE: Years 32 Months 0 Days 27 If less than one day hrs. min.

9. Birthplace Dry Fork, Randolph Co., W. Va.
(Town, county, and state)

10. Usual occupation Acetate Dept. Employee

11. Industry or business Celanese Corp. of Amer.

FATHER
12. Name Alexander Mick
13. Birthplace Dry Fork, W. Va.

MOTHER
14. Maiden name Phoebe Jane Wolford
15. Birthplace Tucker Co. W. Va.

16. Informant Mrs. Ora Hivick
Address Cresaptown, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof June 24, 1939
(month) (day) (year)
Cemetery or crematory Red Creek Cemetery
Location Red Creek, W. Va.

18. Funeral director Jacob Hofer
Address 230 Baltimore Ave.

19. June 22 1939
(Date rec'd by registrar)
[signature]
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20th 1939, at 11 P.M. 15

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h elive on 19

Immediate cause of death Gun shot wound

Due to

Due to

Other conditions
(Include pregnancy within 8 months of death)

Major findings:
Of operations —
Of autopsy —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
~~Accident~~, suicide, ~~or homicide~~ Date of 6-20-39
Where did injury occur? Cresaptown (City or town) Allegany (County) Md. (State)
Injured at home, ~~farm, industry, public place (where?)~~ home
Means of injury Injured at work?

23. SIGNATURE Linnes H. Corson, M.D.
M. D. or other
Address Cumberland, Md. Date signed 6-20-39

Deputy Medical Examiner Allegany

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

(173)

05649

CERTIFICATE OF DEATH

Reg. Dist. No. 5

1. PLACE OF DEATH:
County Allegany
City or town Cresaptown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Allegany
City or town Cresaptown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Fanny Belle Mick

3. (b) Social Security Number: 217-10-4797

4. Sex: F
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Dorsey Lee Mick
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Feb. 28, 1909

8. AGE: Years 30 | Months 3 | Days 22 | If less than one day ____ hrs. ____ min.

9. Birthplace: Randolph Co. W. Va.
(Town, county, and state)
10. Usual occupation: Textile Dept. Employee
11. Industry or business: Celanese Corp. of Amer.
FATHER
12. Name: Benjamin Bodkin
13. Birthplace: Do not know
MOTHER
14. Maiden name: Della Cunningham
15. Birthplace: Do not know
16. Informant: Mrs. Ora Hivick
Address: Cresaptown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 24 1939 (month) (day) (year)
Cemetery or crematory: Red Creek Cemetery
Location: Red Creek, W. Va.
18. Funeral director: Jacob Hofer
Address: 230 Baltimore Ave.
19. June 22 1939 (Date rec'd by registrar) M. J. Vannutter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20th 1939, at 11 15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ elive on ____ 19__.
Immediate cause of death: Gun shot wounds (3)
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
~~Accident, suicide, or~~ homicide Date of 6-20-39
Where did injury occur? Cresaptown, Allegany Md.
(City or town) (County) (State)
Injured at home, ~~farm, industry, public place (where?)~~ Home
Means of injury Injured at work?

23. SIGNATURE Emma H. Corson, M.D.
M. D. or other
Address Cumberland, Md. Date signed 6-22-39

Deputy Medical Examiner - Allegany Co

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(82-a)

Reg. Dist. No. 05650

1. PLACE OF DEATH:

County: Allegany

City or town: Lonaconing
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Water Station Run

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 76 yrs - 0 - 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Allegany

City or town: Lonaconing Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Water Station Run
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Alonzo Joseph Miller, Sr.

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

B (b) Name of husband or wife: Mary Walsh

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): May 29 1863

8. AGE: Years: 76 Months: — Days: 22 If less than one day: hrs. min.

9. Birthplace: Lonaconing Allegany Co., Md.
(Town, county, and state)

10. Usual occupation: Miner

11. Industry or business: Coal Mine

FATHER
12. Name: Jacob Miller
13. Birthplace: Maryland

MOTHER
14. Maiden name: Philadelphia Myers
15. Birthplace: Barton Md

1B. Informant: Bernard Miller

Address: Lonaconing, Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: June 24 1939
(month) (day) (year)

Cemetery or crematory: St. Mary's Cemetery

Location: Lonaconing, Md

1B. Funeral director: M. Eichhorn

Address: Lonaconing, Md

19 June 23 1939 E. Don Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 21 1939, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16 1939, to June 21 1939, and that I last saw him alive on June 21 1939.

Immediate cause of death: Cerebral Hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Henry M. Hodgson M.D.
M. D. or other

Address: Lonaconing, Md Date signed: June 22 '39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (133) Reg. Dist. No. 9

CERTIFICATE OF DEATH

05651

WITHIN CORPORATE LIMITS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Frostburg, Md.
(If outside city or town limits write RURAL and give town)

(c) Street address, hospital, or institution: 234 Center St.

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) Lifetime

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Allegany.

(c) City or town Frostburg.
(If outside city or town limits write RURAL and give town)

(d) Street No. 64 Spring St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

WITHIN CORPORATE LIMITS

3 (a) **FULL NAME** Isabel Taylor Morgan.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married.

6 (b) Name of husband or wife: John C. Morgan

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1884

8. AGE: Years 54 | Months 9 | Days 28 | If less than one day ——hr. ——min.

9. Birthplace Lonaconing, Allegany, Md.
(Town, county and state)

10. Usual occupation Housewife

11. Industry or business At Home.

FATHER
12. Name Samuel Taylor
13. Birthplace England

MOTHER
14. Maiden Name Jeanette Hobells.
15. Birthplace Cumberland, Md.

16 (a) Informant Mrs. John Hughes.
(b) Address 234 Center St. Frostburg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23, 1939 (month) (day) (year)
(c) Cemetery or crematory Allegany Cemetery
Location Frostburg, Maryland.

18 (a) Funeral director Jacob Hafer
(b) Address Frostburg, Maryland.

19 (a) 6-20-39 (Date rec'd by registrar) (b) Mrs. A. R. Walker Registrar

MEDICAL CERTIFICATION

20. Date of death June 20 1939 at 6.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1939 to June 20 1939, and that I last saw him alive on June 20 1939.

	Duration
Immediate cause of death: Carcinoma	
Due to: Pyonephrosis	
Due to: Stone in Kidney	
Due to:	
Other conditions	

(Include pregnancy, within 3 months of death)

Major findings: Of operations Right nephrectomy June 1938

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. A. Cohen, M. D. or other

Address Frostburg, Md. Date signed 6-20-39.

RECEIVED
JUL 5 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (179)

CERTIFICATE OF DEATH

05652

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Allegany
City or town Cumberland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Allegany Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 hrs
Stay in this community (yrs., or mos., or days) ~~29~~ 19 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Allegany
City or town Cumberland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 222 Glenn St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry Leroy Moss

3. (b) Social Security Number

4. Sex M | 5. Color or race W | 6.(a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 17, 1937

8. AGE: Years | Months 7 | Days | If less than one day hrs. min.

9. Birthplace Cumberland Md
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Robert Moss
13. Birthplace Parkersburg W Va

MOTHER 14. Maiden name Dorothy Brinkman
15. Birthplace Rawlings Md

16. Informant Robert Moss
Address 222 Glenn St

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 19 1939 (month) (day) (year)
Cemetery or crematory Mt Hermon
Location Williams Road

18. Funeral director Jacob Hafer
Address Cumberland

19. June 19 1939 (Date rec'd by registrar) J. K. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17th 1939, at 2:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19

Immediate cause of death	DURATION
Pulmonary edema due to drinking of cleaning fluid	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Poisoning Date of 6-17-1939
Where did injury occur? Cumberland Allegany Md
(City or town) (County) (State)
Injured at home, ~~farm, industry, public place (where?)~~ home
Means of injury Chemical Injured at work?

23. SIGNATURE Frances H. Gordon, M.D.
M. D. or other
Address Cumberland, Md Date signed 6-17-1939

Deputy Medical Examiner - Allegany Co.

RECEIVED
JUL 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 4

CERTIFICATE OF DEATH

05653

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Allegany Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 57 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Pa. (b) County Bedford

(c) City or town Artemas
(If outside city or town limits, write RURAL and give town)

(d) Street No. R. D. Artemas Pa.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Theda Mountain

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 5, 1916

8. AGE: Years 22 | Months 11 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Artemas Pa
(Town, county, and state)

10. Usual occupation Telephone Corp.

11. Industry or business

FATHER 12. Name Elmer Mountain

FATHER 13. Birthplace Artemas Pa

MOTHER 14. Maiden Name Barbara Bowman

MOTHER 15. Birthplace Maryland

16 (a) Informant Elmer Mountain

(b) Address Artemas Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion Cemetery

Location Near Chaneysville Penna.

18 (a) Funeral director J. C. Wolford

(b) Address Cumberland, Md.

19 (a) June 30, 1939 (Date rec'd by registrar) (b) J. L. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death June 27 1939, at 8:06 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Sub-acute Bacterial Endocarditis	2 Mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. C. Bowen M.D. (M. D. or other)

Address Cumberland Date signed 6-28-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

22

RECEIVED
JUL 8 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05654

CERTIFICATE OF DEATH

(121)

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegany

City or town Cumberland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Girard Ave (1-4)

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Allegany

City or town Cumberland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Girard Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ambrose Mullan

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 11, 1880

8. AGE: Years 59 Months 4 Days 7 If less than one day hrs. min.

9. Birthplace Cumberland, Md.
(Town, county, and state)

10. Usual occupation Clerk, Kennewegs

11. Industry or business Grocery Store

FATHER 12. Name Will J Mullan

13. Birthplace Cumberland Md

MOTHER 14. Maiden name Anna Carlos

15. Birthplace Cumberland Md

16. Informant Mr Charles C Mullan

Address Cumberland Md.

17. Burial Date thereof June 21, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Peter & Paul

Location Cumberland Md

18. Funeral director Louis Stein Inc

Address

19. June 20, 1939 J. P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1939, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1938, to June 18 1939, and that I last saw him alive on June 18 1939.

Immediate cause of death Chronic Nephritis & Hypertension

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. C. Bowen M.D.
M. D. or other

Address Cumberland Date signed 6-19 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

05655

CERTIFICATE OF DEATH

Reg. Dist. No. 4.

1. PLACE OF DEATH:

County Allegany

City or town Cumberland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Allegany Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Allegany

City or town Cumberland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 217 Pear St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Viola Mullen.

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband ~~[illegible]~~ Ed Mullen

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4 1869.

8. AGE: Years 70 | Months 5 | Days 13 | If less than one day hrs. min.

9. Birthplace Cumberland, Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Jas T Fisher
13. Birthplace Md

MOTHER
14. Maiden name Mollie Queen
15. Birthplace Md.

16. Informant Mr Floyd Fisher
Address Pittsburgh, Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 21, 39 (month) (day) (year)

Cemetery or crematory St Patrick Cem.

Location Cumberland, Md

18. Funeral director Louis Stein Inc
Address Cumberland, Md.

19. June 20 1939 (Date rec'd by registrar) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1939, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 1939, to June 17 1939, and that I last saw her alive on June 17 1939.

Immediate cause of death R/ of kidney
Hypertension
Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R C Bowen M.D. M. D. or other

Address Cumberland Md Date signed 6-19-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1939
BUREAU M. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 4

05656

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 17 So. Waverly Terrace

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 35Yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(d) Street No. 17 So. Waverly Terrace (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Patrick Henry Nothcraft

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna Northcraft

6. (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Apr. 21, 1857.

8. **AGE:** Years 82 | Months 2 | Days 2 | If less than one day _____ hr. _____ min.

9. Birthplace Chaneysville, Penna. (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER

12. Name Hezakiah Northcraft

13. Birthplace Penna.

MOTHER

14. Maiden Name Caroline Haney

15. Birthplace Penna.

16 (a) Informant Mrs. Lillie E. Gore

(b) Address 17 S. Waverly Terrace, City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 1939 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Cumberland

18 (a) Funeral director J. C. Wolford

(b) Address Cumberland, Md.

19 (a) June 26, 1939 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death June 23, 1939, at 7:15P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1939, to June 23 1939, and that I last saw him alive on June 23 1939.

Immediate cause of death	Duration
Central Hemorrhage	June 16-39
Due to Arteriosclerosis	5 yrs
Due to Chronic Nephritis	5 yrs
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** Thos. W. Kaard M. D. or other

Address Cumberland Md Date signed June 24-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-2) Reg. Dist. No. 9

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

05657

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Frostburg (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 149 Green Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 72

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Allegany

(c) City or town Frostburg (If outside city or town limits, write RURAL and give town)

(d) Street No. 149 Green Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Phillip Offman

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Hannah Yates Offman

6. (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Jan. 24, 1869

8. AGE: Years 72 Months 4 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace Frostburg, Md (Town, county, and state)

10. Usual occupation Stone mason

11. Industry or business Own Business

FATHER 12. Name Henry Offman

13. Birthplace Germany

MOTHER 14. Maiden Name Catherine Lammert

15. Birthplace Germany

16 (a) Informant Mr. Irvin Offman

(b) Address Frostburg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1939 (month) (day) (year)

(c) Cemetery or crematory Allegany (McLuckie) Cemetery

Location Frostburg, Md

18 (a) Funeral director M. Eichhorn

(b) Address Smarring Md

19 (a) 6-3-39 (Date rec'd by registrar) (b) Mrs. A. R. Walker Registrar

MEDICAL CERTIFICATION

20. Date of death June 1 1939, at 12:00 noon

21. I certify that death occurred on the date above stated; that I attended deceased from ? ? ? 19__, to June 1 1939, and that I last saw him alive on May 30 1939.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Chr. Bronchitis (Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

Duration: Several years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. M. Lane J. & M. D. (M. D. or other)

Address Frostburg Md Date signed June 3 1939

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS. Date

Dr. M. E. B. Owens Cumberland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

107-a

05658

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegany

City or town Cumberland Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 5 N Virginia Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Allegany

City or town Cumberland Md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 520 Vir ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Poling

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. ~~17~~ 19 38

8. AGE: Years Months 9 Days 0 If less than one day hrs. min.

9. Birthplace Cumberland Md (Town, county, and state)

10. Usual occupation

11. Industry or business None

FATHER 12. Name William Poling

13. Birthplace West Va

MOTHER 14. Maiden name Goldie Dawson

15. Birthplace West Va

16. Informant William Poling

Address 520 Vir ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 19 1939 (month) (day) (year)

Cemetery ~~or crematory~~ Allegany County

Location Allegany Alms House

18. Funeral director Louis Stein Inc

Address Cumberland Md

19 June 19 1939 (Date rec'd by registrar) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17th 1939, at 5 30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death Broncho-Pneumonia — DURATION 5 days

Due to

Due to

Other conditions Asthma - Bronchial — since birth

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Prince H. Corson, M.D. M. D. or other

Address Cumberland, Md. Date signed 2-17-'39

Deputy Medical Examiner - Allegany Co.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(73-C)

05659

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Allegany

City or town: Cumberland Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 447 Walnut St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Allegany

City or town: Cumberland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 447 Walnut St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John Rank.

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret C

6(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Nov 16 1888

8. AGE: Years: 50 Months: 7 Days: 5 If less than one day: hrs. min.

9. Birthplace: Cumberland Md.
(Town, county, and state)

10. Usual occupation: Painter

11. Industry or business:

FATHER 12. Name: John Rank

13. Birthplace: Germany

MOTHER 14. Maiden name: Henretta Schaller

15. Birthplace: Germany

16. Informant: Mrs. Margaret Rank

Address: Cumberland Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 24 39 (month) (day) (year)

Cemetery or crematory: Hillcrest Cem

Location: Cumberland Md.

18. Funeral director: Louis Stein Inc.

Address: Cumberland, Md.

19. June 22 19 39 (Date rec'd by registrar) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 21st 19 39, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to	
Due to	
Other conditions Chronic Alcoholism	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ____ Injured at work?

23. SIGNATURE: Thomas H. Parsons, M.D.
M. D. or other

Address: Cumberland, Md. Date signed 6-22-39

Deputy Medical Examiner of Allegany County.

RECEIVED
JUL 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05660

(154)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Allegany — Registration Dist. No.

Village or City Frostburg, Md. — No. Miners Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kay Anita Ream

(a) Residence: No. 92 Mt. Pleasant St., Frostburg, Ward, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6. DATE OF BIRTH (month, day, and year) June 9, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frostburg, Md.

FATHER

13. NAME Raymond Ream.

14. BIRTHPLACE (city or town) (State or country) Mt. Savage, Md.

MOTHER

15. MAIDEN NAME Winona Rosenberger.

16. BIRTHPLACE (city or town) (State or country) Garrett Co. Md.

17. INFORMANT Grace Bridges (Address) Mt. Savage, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Porter Cemetery Eckhart Md. Date June 22, 1939

19. UNDERTAKER Mrs. Raymond Ream (Address) Frostburg Md.

20. FILED 7-6, 1939 Mrs. A. R. Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1939, to June 21, 1939.

I last saw h.e.r. alive on June 21, 1939; death is said to have occurred on the date stated above, at 10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Premature birth.	6-9-39.
Diarrhoea.	6-19-39.

Other Contributory Causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Diehl M. D.

(Address) Frostburg, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 3 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (1248) Reg. Dist. No. 4

CERTIFICATE OF DEATH

05661

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Allegany Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 56 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 643 Bedford St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Walter C. Rice

3 (b) If veteran, name war

3 (c) Social Security No. 214-05-4472

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1885

8. AGE: Years 53 | Months 5 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Twigginstown, Md.
(Town, county, and state)

10. Usual occupation Emp. Gasoline Station

11. Industry or business

FATHER
12. Name Martin V. Rice
13. Birthplace Md

MOTHER
14. Maiden Name Mary Dean
15. Birthplace Md.

16 (a) Informant brother-in-law Charles L. Bryant
(b) Address 643 Bedford St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Herman
Location near Cumberland, Md

18 (a) Funeral director U. L. Lamberson
(b) Address Cumberland, Md.

19 (a) June 13, 1939 (Date rec'd by registrar) (b) J. Franklin, M. D. Registrar

MEDICAL CERTIFICATION

20. Date of death June 11 1939, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1939, to June 11 1939 and that I last saw him alive on June 11 1939

Immediate cause of death	Duration
Chronic Nephritis	
Due to	
Due to	
Other conditions Chronic Nephritis & edema Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Bowen M.D. (M. D. or other)
Address Cumberland, Md. Date signed 6-13-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 8 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 4

05662

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Allegany Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mins.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State W. Va. (b) County Mineral

(c) City or town Ridgeley (If outside city or town limits, writs RURAL and give town)

(d) Street No. Frankfort Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Walter Ridgeley

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ida M. Ridgely

6. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1878

8. AGE: Years 60 | Months 6 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Cumberland, Allegany, Md. (Town, county, and state)

10. Usual occupation Farmer & Fruit Grower

11. Industry or business

FATHER

12. Name Alfred Ridgely

13. Birthplace Unknown

MOTHER

14. Maiden Name Annie Adams

15. Birthplace Unknown

16 (a) Informant Ida M. Ridgely

(b) Address Frankfort Rd. Ridgely W.Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 39 (month) (day) (year)

(c) Cemetery or crematory Rose Hill Cem.

Location Cumberland, Md.

18 (a) Funeral director J. C. Wolford

(b) Address Cumberland, Md.

19 (a) June 9, 1939 (Date rec'd by registrar) (b) J. R. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death 6/7/39 19__, at 5:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/6/39 19__, to 6/7/39 19__, and that I last saw him alive on 6/7/39 19__.

Immediate cause of death Hemorrhage from nose

Due to

Due to The hemorrhage from the nose was due to heart disease. [illegible]

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John K Rozman MD M. D. or other

Address [illegible] Date signed 6/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1939
BUREAU V. S.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

210-m

05663

Reg. Dist. No. 4

1. PLACE OF DEATH:
County Allegany
City or town Narrows Park.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ~~Allegany Hospital~~ Narrows Park
Stay in hospital or inst. (yrs., or mos., or days) 3 hrs.
Stay in this community (yrs., or mos., or days) 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Allegany
City or town Rural - Cumberland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Narrows Park.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry Garfield Roberts

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single.
B (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 4, 1880

8. AGE: Years 58 Months 8 Days 25 If less than one day hrs. min.

9. Birthplace Frostburg, Md.
(Town, county, and state)
10. Usual occupation Grocery Store Clerk
11. Industry or business Grocery Store.
FATHER 12. Name Christopher Roberts
13. Birthplace Cornwall, England
MOTHER 14. Maiden name Jane Boyns
15. Birthplace Cornwall, England
16. Informant Christopher Roberts
Address Frostburg, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 1, 1939 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Cumberland, Md.
18. Funeral director Jacob Hafer
Address Cumberland Md
19. July 1, 1939 (Date rec'd by registrar) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29th 1939, at 9 05 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19
Immediate cause of death Thoracic injury (Hemorrhage) as evidenced by crushing of 6th, 7th, + 8th
Due to ribs in posterior axillary line. Instant death.
Due to Struck by automobile.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide~~, ~~or homicide~~ Struck by automobile Date of 6-29-39
Where did injury occur? Route #40 West of Cumberland (City or town) (County) (State)
Allegany Co. - Maryland
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work? no

23. SIGNATURE Linnus H. Corson, M.D. M. D. or other
Address Cumberland Md. Date signed 6-30-39

Deputy Medical Examiner - Allegany Co.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (93)

05664

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Allegany

City or town: Cumberland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Allegany Hospital

Stay in hospital or instn. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 56 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Allegany

City or town: Cumberland Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 130 Hanover St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Elizabeth Ann Robosson

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Robosson

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov 19 1883

8. AGE: Years: 56 Months: 3 Days: 4 If less than one day: hrs. min.

9. Birthplace: Cumberland Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Wm. Hollenberger

13. Birthplace: Md.

MOTHER 14. Maiden name: Mary Bassett

15. Birthplace: Md.

16. Informant: John Robosson

Address: Cumberland

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 1 '39 (month) (day) (year)

Cemetery or crematory: St Patricks Cem.

Location: Cumberland

18. Funeral director: Louis Stein Inc.

Address: Cumberland.

19. June 30 19 39 J. P. Franklin M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 28 19 39, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/20/38 19 to 6/28/39 19, and that I last saw h-er alive on 6/27/39 19

	DURATION
Immediate cause of death: Endocarditis	
Due to	
Due to	
Other conditions: Gangrene of both legs (Include pregnancy within 3 months of death)	

Major findings:

Of operations: Bilateral amputations above knees

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John K Rozzell M.D. M. D. or other

Address: Cumberland Md. Date signed 6/29/39

RECEIVED
JUL 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

05665

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94B)

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegany

City or town Cumberland Md (If outside city or town limits, write RURAL NEAR and give town) 4-1

Street address, hospital, or institution: Eagles Home 65 N McKhanin St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Allegany

City or town Cumberland Md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 140 Frederick St (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Worlds War

3. (a) FULL NAME John Schilling

3. (b) Social Security Number 214-05-7881

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elizabeth Simon

6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Jan 15 1887

8. AGE: Years 52 Months 5 Days 1 If less than one day ___ hrs. ___ min.

9. Birthplace Cumberland Md (Town, county, and state)

10. Usual occupation Auto McKhanin

11. Industry or business Automobile

FATHER 12. Name Lincoln Schilling

13. Birthplace Md

MOTHER 14. Maiden name Eliza Russell

15. Birthplace Md

16. Informant Elizabeth Simon

Address 140 Frederick St

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 19 1939 (month) (day) (year)

Cemetery or ~~crematory~~ Hillcrest Burial Park

Location Cumberland Md

18. Funeral director Louis Stein Inc

Address Cumberland Md

June 19 1939 (Date rec'd by registrar) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1939, at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lynne H. Corson, M.D. M. D. or other

Address Cumberland, Md. Date signed 6-17-39

Deputy Medical Examiner - Allegany Co.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 26 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05666

CERTIFICATE OF DEATH

(159)

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegany

City or town Cumberland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Allegany Hospital

Stay in hospital or inst. (yrs., or mos., or days) Dead on arrival

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Allegany

City or town Cresaptown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Girl Shank

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1939

8. AGE: Years | Months | Days | If less than one day 2 hrs. 30 min.

9. Birthplace Cresaptown, Md (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name David Shank

13. Birthplace W. Va.

MOTHER 14. Maiden name Hazel Conley

15. Birthplace Md

16. Informant David Shank

Address Cresaptown, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof June 2, 1939 (month) (day) (year)

Cemetery or crematory Indian Mound

Location Romney W. Va.

18. Funeral director Jacob Hafer

Address Cumberland

19. June 1 1939 (Date rec'd by registrar) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1939 19 , at 12.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Prematurity (about 7 mos.) died en route to Allegany Hospital

Due to in the City of Cumberland to be placed in incubator

Due to

Other conditions unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Prince H. Corson, M.D. M. D. or other

Address Deputy Medical Examiner Cumberland, Md. Date signed

Allegany Co.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (825)

05667

CERTIFICATE OF DEATH

Reg. Dist. No. 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Allegany
City or town: Lonaconing (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Church Street
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 1 mos. 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(If newborn infants give residence of mother)
State: Maryland County: Allegany
City or town: Lonaconing Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Church Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Margaret Walsh Shields

3. (b) Social Security Number:

4. Sex: Female | Color or race: White | 6.(a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John Shields
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): April 8, 1864
8. AGE: Years: 75 | Months: 2 | Days: 4 | If less than one day: hrs. min.
9. Birthplace: Bloomington, Maryland (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business: Home
FATHER 12. Name: Edward Walsh
13. Birthplace: Ireland
MOTHER 14. Maiden name: Mary Reynolds
15. Birthplace: Wagerstown, Md.
16. Informant: Mrs. Joseph Shields
Address: Box 183 Turtle Creek, Pa.
17. Burial (Burial, cremation, or removal, Which?) Date thereof June 15, 1939 (month) (day) (year)
Cemetery or crematory: St. Michaels Cemetery
Location: Piedmont, Md.
18. Funeral director: M. Eichhorn
Address: Lonaconing, Md.
19. June 14 1939 (Date rec'd by registrar) D. L. Bowman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 12 1939, at 11 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10th 1939, to June 12 1939, and that I last saw h[illegible] alive on June 9 1939.

Immediate cause of death: Cerebral Hemorrhage	DURATION
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Henry Fr. Hodgson M D
M. D. or other
Address: Lonaconing Md. Date signed June 14 39

RECEIVED
JUL 5 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95-E

05668

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County MEMORIAL HOSPITAL

City or town CUMBERLAND, MARYLAND
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 8 Days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MARYLAND County ALLEGANY

City or town Westernport Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2 Mi East Westernport
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME MRS. ROSIE SPERLING

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife ROY SPERLING

6(c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) APR. 18, 1893

8. AGE:

Years	Months	Days	If less than one day
46	1	18	hrs. min.

9. Birthplace WEST VIRGINIA
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

FATHER
12. Name A.C. LAMBERT
13. Birthplace WEST VIRGINIA

MOTHER
14. Maiden name LYDIA KETTERMAN
15. Birthplace WEST VIRGINIA

16. Informant ROY SPERLING

Address LUKE, MD.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 9. 1939 (month) (day) (year)

Cemetery or crematory Duckworth Cemetery

Location 2 Mi East Westernport Md

18. Funeral director David S. Boal

Address Westernport Md.

19. June 6 1939 J. P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 6, 1939, at 10:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29, 1939, to June 6, 1939.

and that I last saw her alive on JUNE 6, 1939

Immediate cause of death Pulmonary Haemorrhage — DURATION 6/6/39

Not due to tuberculosis. C.W.G.R.

Due to Rheumatic Heart Disease — ?

Cardiac Decompensation

Due to Pulmonary hemorrhage due to the cardiac decompensation. Uraemia — May 15, 39

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clay E. Durrett M. D. or other

Address Cumberland Date signed June 6, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

DR. DURRETT

RECEIVED
JUL 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics, Baltimore (95-T)
Reg. Dist. No. 4

CERTIFICATE OF DEATH

05669

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution Allegany Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 948 Gay St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Cordelia L. Stein

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Harry A. Stein
6. (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) April 1888

8. **AGE:** Years 51 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Berkley Co. West Va.
(Town, county, and state)

10. Usual occupation Home work.

11. Industry or business

FATHER
12. Name Wm Browne
13. Birthplace West Va.

MOTHER
14. Maiden Name Rebecca Everhart
15. Birthplace W. Va.

16 (a) Informant Samuel Voorhees
(b) Address Cumberland Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 39 (month) (day) (year)
(c) Cemetery or crematory Martinsburg
Location Martinsburg West Va.

18 (a) Funeral director Louis Stein Inc
(b) Address Cumberland Md.

19 (a) June 26, 1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death June 25 1939, at 6 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13 1939, to 6-25 1939, and that I last saw him alive on 6-24 19 39.

Immediate cause of death	Duration
Cardiac Fibrillation	
Due to Hypertrophy	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. C. Bowman M.D. (M. D. or other)
Address Cumberland Date signed 6-25-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23)

Reg. Dist. No. Dr Cobey

05670

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Clarysville - rural - Frostburg (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital or institution: national Highway

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County allegany

(c) City or town Clarysville - Frostburg rural (If outside city or town limits, write RURAL and give town)

(d) Street No. national Highway (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Goldie Elizabeth Storey

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Joseph Storey

6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) April 14-1887

8. AGE: Years 52 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Clarysville - allegany - md. (Town, county and state)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name Wm Delaney

13. Birthplace Vale Summit, md.

MOTHER 14. Maiden Name Rachel Knippenberg

15. Birthplace md.

16 (a) Informant Joseph Storey

(b) Address Frostburg md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ allegany

Location Frostburg, md.

18 (a) Funeral director J. J. Dunn

(b) Address Frostburg md

19 (a) June 26-39 (Date rec'd by registrar) (b) Mrs. A. B. Walker per Mrs. J. C. Cobey Registrar

MEDICAL CERTIFICATION

20. Date of death June 22 1939 at 8 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1937, to 6-22-1939, and that I last saw him alive on 6-21-1939.

Immediate cause of death Massive pulmonary collapse

Due to Bronchial fistula

Due to Pulmonary tuberculosis

Other conditions Diabetes (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. C. Cobey M. D. or other

Address Frostburg Date signed 6-23-39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (947)

Reg. Dist. No. 9

File No. 15871

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Frostburg, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Miners Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) In community

(e) Length of stay in this community (yrs., mos., or days) 54 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Allegany

(c) City or town Frostburg
(If outside city or town limits, write RURAL and give town)

(d) Street No. 14 Locust St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Jerome Taylor Sr.

3 (b) If veteran, name war: —

3 (c) Social Security No. 213-10-9886

4. Sex: Male

5. Color or race: Colored

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: married

6 (b) Name of husband or wife: Mary Elizabeth Taylor

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Apr. 9 1885

8. **AGE:** Years 54 | Months 2 | Days 10 | If less than one day: ____ hr. ____ min.

9. Birthplace Frostburg Md
(Town, county and state)

10. Usual occupation Laborer

11. Industry or business Brick Yard

FATHER
12. Name John Taylor
13. Birthplace Md

MOTHER
14. Maiden Name Harriet Williams
15. Birthplace Maryland

16 (a) Informant Mary Elizabeth Taylor
(b) Address 14 Locust St. Frostburg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1939 (month) (day) (year)

(c) Cemetery or crematory Allegany Cemetery
Location Frostburg, Md.

18 (a) Funeral director Jacob Hafer

(b) Address Frostburg, Maryland

19 (a) 6-20-'39 (Date rec'd by registrar) (b) Mrs. A. R. Walker Registrar

MEDICAL CERTIFICATION

20. Date of death June 19 1939, at 9:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1939, to June 19 1939, and that I last saw him alive on June 19 1939.

	Duration
Immediate cause of death: Coronary Occlusion	Sudden
Due to: ? ?	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** W. D. McLane Jr. M.D.
(M. D. or other)

Address Frostburg Md Date signed June 19 39

RECEIVED
JUL 5 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (98) Reg. Dist. No. 4

05672

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Allegany Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in this community (yrs., mos., or days) 8 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Cumberland.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 440 Baltimore Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mazie Ellen Morrissey Valentine.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Melachi Valentine

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct 22, 1865

8. AGE: Years 73 | Months 6 | Days 9 | If less than one day _____ hr. _____ min.

9. Birthplace Cumberland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business At Home.

FATHER
12. Name Patrick Morrisey
13. Birthplace Ireland.

MOTHER
14. Maiden Name Mary Ash
15. Birthplace Fluttstown Creek Md.

16 (a) Informant Mrs Irene Duggan
(b) Address 726 Fayette St. Cumb. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-39 (month) (day) (year)
(c) Cemetery or crematory S. S. Peter & Paul Cem.
Location Cumberland

18 (a) Funeral director Jacob Hafer
(b) Address Cumberland Md.

19 (a) June 2, 1939 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death June 1, 1939, at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1939, to June 1 1939, and that I last saw him alive on May 26 1939.

Immediate cause of death	Duration
Raynauds Disease	4 wks.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. T. O'Brien M. D. or other
Address Cumberland Md. Date signed 6-2-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 16 1939
BUREAU V. S.

Dr. Langston

WITHIN CORPORATE LIMITS

05673

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(825a)

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegany

City or town Cumberland, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 313 Frederick

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Allegany

City or town Cumberland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 313 Frederick
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nellie Marshall Wilson

3. (b) Social Security Number

4. Sex Female

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Married

B (b) Name of husband or wife Marcellus Wilson

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Nov 25, 1870

8. AGE: Years 68 Months 7 Days 3 If less than one day ___ hrs. ___ min.

9. Birthplace Oakland, Garrett, Md.
(Town, county, and state)

10. Usual occupation House Work

11. Industry or business at Home

FATHER
12. Name Charles Marshall
13. Birthplace Dont know

MOTHER
14. Maiden name Elizabeth Redmond
15. Birthplace Romney W. Va

18. Informant Ruth Bromery
Address 313 Frederick St - Cumb. Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof July 1, 1939.
(month) (day) (year)

Cemetery or crematory Sumner Cemetery

Location Cumberland, Md

18. Funeral director Jacob Hafer
Address Cumberland Md.

June 30 1939 J. P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1939, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28 1939, to June 28 1939 and that I last saw her alive on June 28 1939.

Immediate cause of death Cerebral vascular hemorrhage causing paralysis.

Due to Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; no

Accident, suicide, or homicide no Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE J. T. Langston
M. D. or other

Address 54 N. Mechanic St Date signed 6-29-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05674

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Allegany
City or town: Cumberland Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 50 Crisap St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Allegany
City or town: Cumberland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 50 Crisap St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Anna Wiltison

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frederick H. Wiltison

6(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): Oct 18 1861

8. AGE: Years: 77 | Months: 7 | Days: 27 | If less than one day: hrs. min.

9. Birthplace: Millersburg Pa.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Levi Riger
13. Birthplace: Pa.

MOTHER
14. Maiden name: Bohn
15. Birthplace: Pa.

16. Informant: Fred H. Wiltison
Address: Cumberland

17. Buried (Burial, cremation, or removal. Which?) Date thereof June 17 '39 (month) (day) (year)
Cemetery or crematory: Burlington W. Va.
Location: Burlington W. Va.

18. Funeral director: Louis Steinman
Address: Cumberland

19. June 17, 1939 (Date rec'd by registrar) J. P. Franklin M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 15 1939, at 7 15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1939, to June 15 1939, and that I last saw h[illegible] alive on June 15 1939.

	DURATION
Immediate cause of death: Chronic Myocarditis	
Due to: Arteriosclerosis	?
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: C. R. Douglas, M.D.
M. D. or other
Address: Date signed:

RECEIVED
JUL 6 1939
BUREAU V. S.

CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05675

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegany

City or town Cumberland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Allegany Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1/2 da.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Allegany

City or town Cumberland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 37 Greene St.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Infant Woods

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25 '39

8. AGE: Years | Months | Days | If less than one day: 13 hrs. min.

9. Birthplace Cumberland Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Harry Woods

13. Birthplace W. Va.

MOTHER 14. Maiden name Mildred Lowery

15. Birthplace Md.

16. Informant Harry Woods.

Address Cumberland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 26 39 (month) (day) (year)

Cemetery or crematory St Lukes Cem.

Location Cumberland Md.

18. Funeral director Louis Stein Inc.

Address Cumberland.

19. June 26, 1939 (Date rec'd by registrar) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1939, at 5:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 1939, to June 25 1939, and that I last saw h[illegible] alive on June 25 1939.

Immediate cause of death	DURATION
Cerebral Hemorrhage	13 hours
Due to	
Due to	
Other conditions Maternal eclampsia	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. B. Barrow M.D
M. D. or other

Address 122 Bedford St Date signed 6-26-39

Dr Barrow.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(82-a)

05676

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County: Allegany

City or town: Cumberland Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sylvan Retreat

Stay in hospital or inst. (yrs., or mos., or days): 20 years

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Allegany

City or town: Cumberland Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: ~~Sylvan Retreat~~
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Diedrick Wm Yeargan

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth Reynolds

6(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Feb 25, 1866

8. AGE: Years 73 | Months 3 | Days 20 | If less than one day ___ hrs. ___ min.

9. Birthplace: Cumberland
(Town, county, and state)

10. Usual occupation: Firemen

11. Industry or business: Iron Works

FATHER
12. Name: Wm Yeargan
13. Birthplace: Germany

MOTHER
14. Maiden name: Mary - Unknown
15. Birthplace: Germany

16. Informant: Wm F. Yeargan

Address: Cumberland R.F.D #3

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: June 16 1939
(month) (day) (year)

Cemetery or crematory: Zion Lutheran

Location: Bedford Road - Cumberland Md.

18. Funeral director: Jacob Hafer

Address: Cumberland Md.

19. June 16, 1939 (Date rec'd by registrar) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6-14-1939, at 6:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-7-1939, to 6-14-1939, and that I last saw him alive on 6-12-1939.

Immediate cause of death: Cerebral Hemorrhage

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: Due Wk.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Wm L. Williams
M. D. or other

Address: Cumberland Date signed: 6-15-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1939
BUREAU V. S.